

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **41799**

FILED JAN 2 1951

BIRTH NO. _____		REG. DIST. NO. <u>290</u>		PRIMARY REG. DIST. NO. <u>5983</u>		Registrar's No. <u>146</u>	
1. PLACE OF DEATH a. COUNTY <u>PULASKI</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MILLER</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Waynesville</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>IBERIA</u>			
c. LENGTH OF STAY (in this place) <u>29 days</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Long Nursing Home</u>							
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Thomas</u>		b. (Middle) <u>Durham</u>		c. (Last) <u>Long</u>	
4. DATE OF DEATH		(Month) <u>December</u>		(Day) <u>15</u>		(Year) <u>1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>June 9, 1867</u>	9. AGE (In years last birthday) <u>83</u>	10. IF UNDER 1 YEAR Months <u>6</u>	11. IF UNDER 12 HRS. Hours <u>6</u>	12. IF UNDER 12 MIN. Min. <u>6</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>George Long</u>		13b. MOTHER'S MAIDEN NAME <u>MARY Pennington</u>		14. NAME OF HUSBAND OR WIFE <u>ANN Long</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>ANN Long</u> ADDRESS <u>IBERIA, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Accidental Burning</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u> <u>671100</u> <u>11</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Blldg</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Waynesville</u> <u>Pulaski</u> <u>Missouri</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Dec 15</u> , 19 <u>50</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>1:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Billy Ann Hedges</u>				23b. ADDRESS <u>Crocker, Missouri</u>		23c. DATE SIGNED <u>12/18/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12/19/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LIVINGSTON Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Miller County</u> <u>MO.</u>	
DATE REC'D BY LOCAL REG. <u>12/20/50</u>		REGISTRAR'S SIGNATURE <u>Thelma C. Buckner</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter P. Hedges</u> ADDRESS <u>IBERIA, Mo.</u>			

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

850
4

RECEIVED 12/20/50
Missouri Health Officer
File Number
Date Filed 12/20/50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed

Student Embalmer No.....

Licensed Embalmer No. 4265

P. O. Address *Kenia, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.